MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON COMMERCE AND LABOR

Eighty-Third Session
May 28, 2025

The Committee on Commerce and Labor was called to order by Chair Elaine H. Marzola at 1:32 p.m. on Wednesday, May 28, 2025, in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 1 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/83rd2025.

COMMITTEE MEMBERS PRESENT:

Assemblymember Elaine H. Marzola, Chair
Assemblymember Natha C. Anderson
Assemblymember Max E. Carter II
Assemblymember Lisa K. Cole
Assemblymember Melissa R. Hardy
Assemblymember Heidi Kasama
Assemblymember Brittney M. Miller
Assemblymember Daniele Monroe-Moreno
Assemblymember PK O'Neill
Assemblymember Erica P. Roth
Assemblymember Toby Yurek

COMMITTEE MEMBERS ABSENT:

Assemblymember Sandra Jauregui, Vice Chair (excused)
Assemblymember Selena Torres-Fossett (excused)
Assemblymember Steve Yeager (excused)

GUEST LEGISLATORS PRESENT:

Senator John C. Steinbeck, Senate District No. 18
Senator Edgar Flores, Senate District No. 2
Senator Nicole J. Cannizzaro, Senate District No. 6
Senator Jeff Stone, Senate District No. 20
Senator Skip Daly, Senate District No. 13

STAFF MEMBERS PRESENT:

Marjorie Thomas, Committee Policy Analyst
Sam Quast, Committee Counsel
Daniel Peinado, Committee Counsel
Logan B. Service, Committee Manager
Julie Axelson, Committee Secretary
George Whalen, Committee Assistant

OTHERS PRESENT:

Ryan Beaman, District Vice President, Professional Fire Fighters of Nevada
Rochelle Rowell, Private Citizen, Las Vegas, Nevada
Susie Martinez, Executive Secretary-Treasurer, Nevada State AFL-CIO
Jason Mills, representing Nevada Justice Association
Todd Ingalsbee, President, Professional Fire Fighters of Nevada
Tom Dunn, District Vice President, Professional Fire Fighters of Nevada; and Private Citizen, Reno, Nevada
Rich Harvey, Vice President, Nevada Fire Chiefs Association
Jason Lesher, Executive Director, Washoe County Sheriff Deputies Association; and representing Public Safety Alliance of Nevada
Ross Kinson, President, Northern Nevada Central Labor Council
Sarah Adler, representing Nevada Advanced Practice Nurses Association; American College of Obstetricians and Gynecologists; and Nevada Opioid Treatment Association
Hailey McKinnis, Private Citizen, Henderson, Nevada
Samantha Barnes, representing Comprehensive Cancer Centers of Nevada
Brad Brazzeal, Private Citizen, Las Vegas, Nevada
Cari Herington, Executive Director, Nevada Cancer Coalition
Nick Radef, Private Citizen, Las Vegas, Nevada
Noé Orosco, Government Affairs Manager, Make the Road Nevada
Cassie Charles, representing American Federation of State, County and Municipal Employees
Wendy Colborne, Chief of Staff, Building and Construction Trades Council of Northern Nevada
Olivia Tanager, Director, Toiyabe Chapter, Sierra Club
A'Esha Goins, representing Service Employees International Union Local 1107
Jackie Spicer, Coalition Coordinator, Nevada Environmental Justice Coalition
Justin Guzman, Campaign Coordinator, Progressive Leadership Alliance of Nevada Action Fund
Tray Abney, representing National Federation of International Business Nevada
Jim Snyder, Chair, Board of Agriculture, State Department of Agriculture; and Owner, Snyder Livestock Company, Yerington, Nevada
Paul J. Moradkhan, Senior Vice President, Government Affairs, Vegas Chamber
Bonnie Little, Private Citizen

Mary Snyder, Owner, Snyder Livestock Company, Yerington, Nevada
C. Joseph Guild III, Private Citizen, Reno, Nevada
Mike Bardsley, representing John Espil Sheep Company, Inc., Sparks, Nevada
Joseph A. Adashek, President, Nevada State Medical Association
Jacqueline L. Nguyen, Policy Director, Nevada State Medical Association
Adam Plain, Insurance Regulation Liaison, Division of Insurance, Department of Business and Industry
Liz MacMenamin, Vice President, Government Affairs, Retail Association of Nevada
Jennifer Lanahan, representing Nevada Pharmacy Alliance
Will Adler, representing Stericycle
Ken Kunke, Pharm.D., Executive Director, Nevada Pharmacy Alliance
Adam Porath, Director at Large, Nevada Society of Health-System Pharmacists
Amy Hale, Private Citizen, Henderson, Nevada
Lea Cartwright, representing Nevada Psychiatric Association
Michael D. Hillerby, representing State Board of Pharmacy
Dora Martinez, Private Citizen, Reno, Nevada
Ryan Orton, Private Citizen, Las Vegas, Nevada

Chair Marzola:
[Roll was called. Committee rules and protocol were reviewed.] Welcome to everyone here with us in Carson City, those in Las Vegas, and everyone tuning in over the Internet. Today, we have five bills to hear: Senate Bill 170 (2nd Reprint), Senate Bill 172 (2nd Reprint), Senate Bill 231 (1st Reprint), Senate Bill 344 (1st Reprint), and Senate Bill 376 (1st Reprint). I will be taking those in order. With that, we will move to our first agenda item, Senate Bill 170 (2nd Reprint). This measure revises provisions relating to industrial insurance. Good afternoon, Senator Steinbeck, you may begin when you are ready.

Senate Bill 170 (2nd Reprint): Revises provisions relating to industrial insurance. (BDR 53-632)

Senator John C. Steinbeck, Senate District No. 18:
I appreciate the opportunity to present Senate Bill 170 (2nd Reprint) today, which is a measure dear to my heart. It adds cancer screenings and other provisions to the annual physical exam for firefighters. I am also grateful to Senator Scheible for cosponsoring this. With me today I have Ryan Beaman, who is going to assist us with going through parts of the bill. You will also hear some testimony as well.

Firefighting is a very dangerous profession. The men and women who choose this career respond to a wide range of emergencies that threaten life, property, and environment. Whether it is to extinguish structural fires, control wildfires, or save people in car accidents, firefighters take exceptional risks that are uncommon to most other professions. One significant hazard firefighters face is an elevated risk of cancer due to exposures to known carcinogens in their line of work, which they may encounter through inhalation, ingestion, or skin contact.

As you may know, I was a firefighter for nearly 35 years, and during that time, unfortunately I had to see a lot of my peers succumb to the ravages of cancer that were terrible, and we ultimately lost them. We have had many other members, one who is exceptional whom you will be hearing from today who has beaten cancer. I am looking forward to your listening to her because it is very powerful. For these reasons, S.B. 170 (R2) would establish annual cancer screenings with the objective of ruling out the presence of cancers so firefighters can have the peace of mind of detecting cancer early on, which significantly increases the chances of successful treatment and survival. With that, with your permission, Madam Chair, I would like Mr. Beaman to go through a little bit more of the details on the bill.

Ryan Beaman, District Vice President, Professional Fire Fighters of Nevada:
I will open with a few words and then walk through the bill quickly. Every day, we remember and celebrate the lives of our fallen brothers and sisters in the fire service. In Carson City and the firehouses and union halls near and far, we memorialize their sacrifice, honor their service, and our prayers are with their families. Being a firefighter is a dangerous job, and every one of us knows that one day we make the ultimate sacrifice of our own in order to save another. That does not mean we should not do everything possible to make this profession safer. Cancer, particularly occupational cancer, has become the leading cause of firefighter line-of-duty deaths. It is a critical issue for fire departments and families nationwide, and education around this issue is key. That is why in January we recognize firefighter cancer awareness month; a time to spotlight the risk, promote the prevention, and encourage early detection. A fight against this disease.

Too many fire departments around the country share the tragedy of having members diagnosed with late-stage cancer, many at a young age. You will see the importance of early detection in the battle against cancer in the variance of a five-year survival rate for individuals with lung cancer that are detected at different stages. Stage 1 lung cancer survival is 90 percent, but the survival rate drastically falls to less than 1 percent for individuals diagnosed with stage 4. Recent studies have also shown female firefighters facing a 46 percent increased risk of breast cancer and a 500 percent higher chance of developing cervical cancer compared to the general population.

The risk of cardiovascular disease for first responders is too high to ignore. Cardiac issues affect first responders at a higher rate and earlier in life than civilians. Just listen to some of these numbers: 55 percent of firefighter line-of-duty deaths are due to stress, overexertion, heart attacks, and strokes. For the general population, the average age of a first heart attack is at 65. For law enforcement officers, it is at 46. The life expectancy of the general population is 79, while one study puts the life expectancy of a law enforcement officer at 57.

All of the numbers dramatically underscore the importance of early detection for first responders. We can exercise, eat right, and do all the right things for ourselves, but probably the most basic aspect of a health and wellness program is to have a complete annual physical. This is a problem across the board for public safety professionals and a largely preventable one that is directly addressed by this legislation.

Chair, if it is okay, I will quickly walk through the bill and then we have testimony from one of our members. I am working from the reprint of S.B. 170 (R2). Section 1, subsections 11 and 12 requires firefighters and volunteer firefighters, other than those employed by the Executive Department of the state government, to undergo an annual cancer screening. The screening must be conducted upon employment. If the employer wants to, upon commencement of coverage, they will have an annual physical during their employment, and employers are responsible for covering the cost of the screening.

Section 2, subsection 2 establishes who must administer the annual examination for the screening of cancer for the non-Executive Department firefighters and law enforcement officers. It must be done by a licensed physician or advanced practice registered nurse. It expands mandatory physical examination requirements for hearing tests, tuberculosis screening, and comprehensive physical assessment. It also has a blood analysis, a pulmonary function test, a chest X-ray, cardiac assessment, and a vision screening. Additionally, in the cancer screening, which is only for firefighters as we are covered under state statute for cancer, it must include a skin examination, a mammogram, a pap smear for female firefighters, a prostate test for male firefighters, thyroid, testicular, and urine screening. A colonoscopy at the age of 45-plus, which will all be done every ten years, and a fecal occult blood test. All these examinations that are required under that section must be paid fully by the employer. If it is okay, Madam Chair, I will have one of our members talk about her story.

Rochelle Rowell, Private Citizen, Las Vegas, Nevada:
I am a captain for the Clark County Fire Department in Las Vegas, and I was hired in 2007. In May 2021, I took my 4-year-old daughter to the fire department medical clinic for an allergy test. While I was there, I mentioned to the doctor I had just turned 40 and asked if I was supposed to get a mammogram. She replied it is recommended, and she wrote me the order. That mammogram led to further mammograms, ultrasounds, an MRI [magnetic resonance imaging], and an ultrasound-guided biopsy. On June 7, 2021, I was diagnosed with early-stage breast cancer. I underwent a double mastectomy in September and 28 rounds of radiation spanning through the Thanksgiving and Christmas season with my family and then reconstructive surgery in April 2022.

I can honestly say, being a busy working mom working 24-hour shifts as a firefighter and having two very young children, I would never have made it a priority to make an appointment with my doctor to get the order for a mammogram and then go and get the mammogram. I got it only by chance because I was already at the office with my daughter. It would not have been a priority for me, and it is not required on our annual physical. I was lucky. I got screened at the recommended age, even though I had no symptoms and no family history. I was one of the lucky ones that caught it early and was able to return to my job as a fire captain on July 6, 2022, exactly a year after my diagnosis.

Getting early screening saved my life because it was caught in the early stages. Early screening allowed me to be healthy enough to raise my young children and to return to the job I love. Many people are not as lucky. Female firefighters are being diagnosed with breast

cancer at approximately 46 percent higher than the national average and cervical cancer at approximately 500 percent more than non-firefighting females. All firefighters have a 14 percent higher chance of dying from cancer, and an astounding 75 percent of line-of-duty deaths last year were from occupational cancer. There are no cancer screenings required in statute. It is well known we are losing firefighters to occupational cancer at alarming rates.

Just in my short career, we have lost Mark Keeton, Jeff Mann, Dean Tajima, John DeLucci, Will Hawkins, Tony Stephens, Tim Lucich, Richard Feldman, Rich McKinnis, and Bernie Rhodes. All these men proudly dedicated their lives to being firefighters and would have selflessly given their own lives to save another. Yet all their lives were ended needlessly and way too early. These untimely line-of-duty deaths left children without their fathers, parents without their sons, and all of us without our brothers. I am proof early screening saves lives. Firefighters throughout Nevada need to be screened early and consistently so these cancers can be caught and treated early. Thank you, Chair.

Senator Steinbeck:
We stand ready for questions.

Chair Marzola:
Thank you for sharing your story with us today. Obviously, it is very important to get the word out. I do have to say, when I read this bill, I was in shock this was not already part of the process when it came to firefighters. Committee members, are there any questions?

Assemblymember Anderson:
My question has to do with page 6, section 1, subsection 11 where the Executive Department of the state government is exempted from that. Is that because they are not actually in the field and are more overseen? Why that exemption?

Senator Steinbeck:
No, we are not happy we have to have that exemption. We had to remove them because of the fiscal note it cost with the current space we are in. They are no less at risk than any other firefighter throughout the state, and they deserve the same amount of testing, oversight, and care, but due to where we are now, it was something we had to remove with the current budget. However, we were able to make sure—even before we did this—they have worked this out in their contract to be able to get that care. It is something we are going to come back to in a later session to try to get codified into *Nevada Revised Statutes* (NRS). Unfortunately, it was part of the process.

Assemblymember O'Neill:
I really appreciate the bill; I understand it. I have to ask a question and I am afraid I know the answer. Having been a policeman for 40 years and having seen my brothers and sisters, including myself, actually beat you all to the fire—nothing personal—and go into the fire to get people and pets out of a burning home, particularly. We have the same exposure at times without the safety gear that you have when you are on scene. I am reading that you just talk

about firefighters. You do not talk about law enforcement being excluded. Please tell me I am wrong and confirm that for me in the bill.

Senator Steinbeck:
We beat each other to different incidents. Unfortunately, I beat you guys to a lot of assault incidents too. That is part of the way it goes. First one there, right? Of course you are under those exposures at that time, as are members of the public. They certainly go in and take care of some of those rescues. No one is a bigger expert on the heart and lung portion of this than Mr. Beaman, and I am going to let him explain that.

Ryan Beaman:
When we talk about excluding, the cancer screening is the only portion that excludes a police officer, and we wrote the bill that way because firefighters are the only ones who are covered under state statute for cancer coverage. It still does not take away your ability if you come down, as a police officer, with a lung disease. If you came down with lung cancer, you would be covered under that portion of the statute as a police officer. When you said you are running into those types of buildings and you have had those type of exposures, if you came down with some type of lung disease, you are still covered under that. That is why it is important for police officers to have an annual physical to capture those types of things.

Assemblymember O'Neill:
I do not know if I agree with you on your reasoning necessarily that police officers are somehow exempt from other cancers due to their exposures during service, but I appreciate the answer.

Chair Marzola:
Members, are there any additional questions? [There were none.] We will start with support testimony for S.B. 170 (R2). Is there anyone wishing to testify in support?

Susie Martinez, Executive Secretary-Treasurer, Nevada State AFL-CIO:
We are in full support of the bill.

Jason Mills, representing Nevada Justice Association:
We are in full support of the bill. To help Assemblymember O'Neill, NRS 617.453 already excludes police officers. It only covers firefighters. We have tried for years to get cops included in that so I am sure everybody would be on board with that if we could make it happen. I hope that helps, sir.

Todd Ingalsbee, President, Professional Fire Fighters of Nevada:
I want to thank Senator Steinback for sponsoring this bill but also for his continued commitment to his brothers and sisters on the front lines. Cancer is the leading cause of death in the fire service. We are exposed by just putting on our personal protective gear because of the PFAS [polyfluoroalkyl substances] in the material, which is supposed to protect us. This, combined with all the carcinogens we are exposed to responding to emergencies, there is no wonder we are getting cancer and other diseases at alarming levels.

The International Association of Fire Fighters, along with the Professional Fire Fighters of Nevada, have been working for years on ways to stop our brothers and sisters from dying. This bill will help us do just that. We did not take a blank approach to creating this bill. The additions in this bill included in our annual physicals are based on research and to specifically focus on the specific illnesses that are killing us. While there may be an additional cost, we do not take that lightly associated with implementing these additional tests. It is important to consider the long-term savings as well. These tests are saving firefighter lives all over the country. Early detection and treatment can significantly reduce health care costs and prolong medical leave as well as disability claims. I urge the Committee to support this bill and help protect our firefighters so we can continue to serve and protect our communities.

Tom Dunn, District Vice President, Professional Fire Fighters of Nevada:
I would be remiss if I did not recognize in this room today Senator Cannizzaro, who is the original bill sponsor who improved our cancer presumption back in 2019. To answer your question, Assemblymember O'Neill, the reason why law enforcement is currently not in this chapter of the bill is because of large fiscal notes that were placed on our original bill in 2019 by local government.

Today, I am going to testify specifically on five of my members from my local in Reno and Sparks, Nevada. Back in 2020, we had a 58-year-old retired firefighter. He had been retired for four months when he died of sudden cardiac death. The tests that are included in this bill today, including a cardiac calcium scan as well as an ultrasound, would have caught his heart disease that was not caught on any other heart and lung physical prior to that.

In 2023, we had Sparks firefighter Mike Foster, who died of colon cancer. Once again, his heart and lung physicals and cancer screening at the time, he was not eligible for colon screening under the statute at that time so his cancer was not caught in time. In 2023, we had another Sparks firefighter who had an ultrasound the local had bargained with the City of Sparks to cover that found kidney cancer. According to the surgeon, had he not had that ultrasound and had the surgery, he would have been dead within six months.

I had a Reno firefighter in 2023 who had taken all of his previous heart and lung physicals, was diagnosed with an arrhythmia on the treadmill and, ultimately had to have five stents put in due to heart disease. The cardiac calcium scan would have caught any precursors previous to that. In 2023, I had an early-forties firefighter who was diagnosed with stage 4 prostate cancer that was caught with an ultrasound screening.

Finally, just this year—you have the testimony both on the legislative record, and I believe the member also emailed you personally last night [Exhibit C]—Reno firefighter Matt Lujetic, 46 years old, had his cardiac calcium scan this past January as well as his heart and lung physical. He was found with an anomaly due to the cardiac calcium scan, and just two weeks ago he had a quadruple bypass at 46 years of age. In conclusion, we are in support of this bill, and we ask you to vote yes.

Rich Harvey, Vice President, Nevada Fire Chiefs Association:
We support S.B. 170 (R2) because it helps take care of the men and women who take care of our communities. I would also point out that as fire chiefs, we are the employers responsible under section 1, subsection 12 to pay for those annual physicals. Many of us already do, and all of us support S.B. 170 (R2).

Jason Lesher, Executive Director, Washoe County Sheriff Deputies Association; and representing Public Safety Alliance of Nevada:
Without resparking the police and fire banter, I think you have given us some homework to do for the next session, and we fully support this bill as it stands today.

Ross Kinson, President, Northern Nevada Central Labor Council:
A simple ditto will do.

Sarah Adler, representing Nevada Advanced Practice Nurses Association:
As you will see, S.B. 170 (R2) recognizes that advanced practice registered nurses are important providers of preventive and primary care here in Nevada. We echo Mr. Ingalsbee's comments about the cost-saving benefits of preventive care, which this bill encompasses, so we are in support.

Hailey McKinnis, Private Citizen, Henderson, Nevada:
To explain why I am here today, I would like to tell you about my father, Richard McKinnis. For 32 years, my dad dedicated his life to serving the Las Vegas community as a member of the Clark County Fire Department. During his rookie year in 1980, my dad responded to the MGM fire where 87 people lost their lives. It was the beginning of a career that was nothing short of remarkable. He was instrumental in developing the manipulative skills course that to my knowledge is still used in Clark County Fire academies today. In 1989, he was promoted to captain and proudly opened Station 23, where the heavy rescue program was born.

As one of the first members of the Nevada Task Force 1, my dad responded to natural disasters across the United States, and later on in his career he joined the hazardous materials program at Station 24. After decades of dedication, he retired in 2011.

In August 2022, he was diagnosed with stage 4 lung cancer, which doctors attributed to firefighting, and on October 9, 2022, my dad lost his battle with cancer. Unfortunately, my story is not unique, and many people have had similar experiences with losing a loved one to occupational cancer in the fire service. In fact, I am sure you have heard the statistic, but firefighting occupational cancer is the leading cause of line-of-duty death in the fire service. According to the Cleveland Clinic, while the type of cancer does play a role in survivability, a major factor is also the stage at which the cancer is diagnosed at. Cancer survivability rates greatly increase when diagnosed in the earlier stages.

I feel the best possible solution to ensure fewer firefighters are suffering the same fate as my dad is implementing more in-depth cancer screening for firefighters. I believe, undoubtedly, the best practices for reducing fatality from cancer is when cancer is diagnosed and treated in the earliest stages.

Samantha Barnes, representing Comprehensive Cancer Centers of Nevada:
We are here today in full support.

Brad Brazzeal, Private Citizen, Las Vegas, Nevada:
I was hired in 2004. I have a little over 20 years of service on the fire department. In 2021, I was diagnosed with advanced thyroid cancer that had spread throughout my neck with some distant metastases. I was sent to all the physicians on the DIR in Las Vegas and was told by each and every one of them they would not perform the surgery as it was too advanced and too complicated. In addition, I would lose the ability to use my right arm after the surgery because of the cancer impinging on one of the nerves. I was eventually sent to UCLA [University of California, Los Angeles]. I found a doctor down there who agreed to take the surgery. I did have the surgery, and it was successful. I actually just had blood work and an ultrasound done just a couple of days ago, and everything came back that I am still cancer free. I am very happy about that. I am back to work.

My point of this was, if we are just talking about dollars and cents—not looking at the human aspect of this but just looking at the fiscal impact of this—how much less money this cancer that I had and how much less taxing on my family this would have been had it been caught early instead of in an advanced stage. I think that is important when we talk about people being able to come back to work and people being able to stay with their families and do the things they have been hired to do. It is important we catch these things early.

Cari Herington, Executive Director, Nevada Cancer Coalition:
We are a statewide nonprofit of both public and private health care working together to reduce the burden of cancer. We 110 percent support this bill.

Nick Radef, Private Citizen, Las Vegas, Nevada:
I was a captain with the Clark County Fire Department for 28 years. On November 2, I was preparing to watch the hockey game and I felt a sharp substernal chest pain, nonradiating. I did not think anything of it. I stood up to see if it was a type of a positional pain. As I stood up, the pain increased to the point where I was unable to catch my breath. I tried to run upstairs to tell my wife I needed to go to the hospital, and I was unable to walk up the stairs. I finally called her, and she answered the phone and asked what was wrong. All I could say was help. She came downstairs, and I told her I was having a heart attack and she needed to call 911. She called 911.

It took the rescue there 11 minutes to get to my house because at the station that was responsible for my area, all the units were out on calls. They got me into the back of the rig, and I told them I was a county firefighter and I know I am having a heart attack. They hooked me up to the 12-lead [electrocardiogram] monitor, and they said everything was

good. I said, You are doing something wrong. I told him to do it again, and they did a 12-lead again. All I could hear the paramedic behind me say is, Oh, crap. He handed me the paperwork that showed I was having a global myocardial infarction.

They rushed me to the hospital and I got to the catheterization lab. As I got to the cath lab, I went into a lucid level of consciousness where I could not see, but I could hear everything. As they got me on the table, I heard the nurse say he is in v-fib [ventricular fibrillation]. I felt the doctor come over and start doing CPR [cardiopulmonary resuscitation] on me while I could hear the monitor in the background charging up. I heard the nurse say, Clear. Everybody took their hands off me, and they shot me with 200 joules. That was not a very pleasant feeling.

After I regained consciousness, the doctor said I was fine, and they went through and took care of my procedure. All the vessels in my heart were over 50 percent blocked, and the vessel that supplies blood to the rear of my heart was 100 percent occluded. Fortunately, I had grown collateral circulation. The reason why I am saying this is because two months prior to this event, I passed my department physical with flying colors, especially the treadmill. Everything looked fine, and two months later, I had the heart attack. That is why I support this bill. We need some additional tests. The calcium score probably would have taken care of it.

Chair Marzola:
Is there anyone else wishing to testify in support? [There was no one.] We will move to testimony in opposition to S.B. 170 (R2). Is there anyone wishing to testify in opposition? [There was no one.] We will move to neutral testimony. Is there anyone wishing to testify in neutral? [There was no one.] Senator Steinbeck, would you like to give any closing remarks?

Senator Steinbeck:
I want to thank all the people who gave their testimony. It was very heartfelt, and there were a lot of experiences they have gone through. They really wanted to come and share their stories. Our goal is to reduce those stories. I specifically want to thank Hailey McKinnis. Her father trained me, and he was very proud of her.

Chair Marzola:
I will close the hearing on S.B. 170 (R2). I will now open the hearing on Senate Bill 172 (2nd Reprint). This measure prescribes certain rights for agricultural workers. Hello, Senator Flores. You may begin when you are ready.

Senate Bill 172 (2nd Reprint): Prescribes certain rights for agricultural workers. (BDR 53-959)

Senator Edgar Flores, Senate District No. 2:
I am joined by Ms. Martinez from the AFL-CIO. I am here to proudly present Senate Bill 172 (2nd Reprint). Before I get into my remarks and walk you through how we have gotten to where the bill is today and walk you through the bill section by section, if I could have Ms. Martinez go first with her introductory remarks.

Susie Martinez, Executive Secretary-Treasurer, Nevada State AFL-CIO:
As the head of the Nevada State AFL-CIO, I represent over 120 unions and more than 150,000 union members in Nevada. Those include the building trades, construction trades, service industry, public employee sector, and many more. I am very proud to copresent S.B. 172 (R2) alongside my former colleague, Senator Flores, and our dedicated stakeholders who have worked tirelessly to address the ongoing challenges facing Nevada's agricultural work.

Senate Bill 172 (2nd Reprint) is a crucial step towards ensuring fair and humane treatment for Nevada's agricultural workers and achieve the following goals: (1) it requires employers to provide a meal break after five continuous hours of work, recognizing the basic need of rest and nourishment every single worker deserves; (2) it removes exemptions that allow employers to undervalue lodging and meals when calculating wages, ensuring agricultural workers receive fair and transparent compensation comparable to the other sectors; (3) it establishes the agricultural worker bill of rights, which guarantees reasonable access to visitors and key service providers; it protects workers from unjust restrictions of their movement and addresses physical, harmful work practices; (4) it strengthens workers' rights to organize and collectively bargain, giving them a stronger voice to advocate for a safe, fair, and respectful workplace; and (5) it provides civil remedies that offer agricultural workers meaningful avenues to seek justice in their rights and inviolate promoting employer accountability.

Senate Bill 172 (2nd Reprint) is a much-needed bill to step forward granting farm workers the rights and protections they deserve. Our agricultural workforce is vital to Nevada, and it is time we honor their contributions with dignity and respect. That concludes my remarks, and I will now send it back over to Senator Flores.

Senator Flores:
By way of reference, I want to let everybody know how we got here. During the interim, like many of you I had the opportunity to meet with stakeholders and different partners in the community to identify bills we thought we could present together to address issues we believe perhaps have not had an opportunity to be fully vetted in a setting like this. Among those conversations, we had an opportunity, alongside Make the Road Nevada and other community partners, to understand that unfortunately, when we talk about agricultural workers, there were scenarios where we specifically had an opportunity to sit on a

one-on-one basis, meeting folks in hiding so the particular ranch they were working at would not find out they were sharing some of this information. We started hearing these horrific stories.

Let me give you five examples of some of the stuff we heard. We have a lot of seasonal workers who come from different countries. We see a lot from Mexico and Peru, but there are various other countries, and they will come for seasons. I am not suggesting there are not U.S. citizens, residents, or Nevadans who do this work. There absolutely are, but they cannot meet the labor demand, and so often they rely on agricultural workers who come in for a season, and oftentimes they will come back year after year, but sometimes they do not come back. You always have humans coming from other countries. One of the things we heard in having conversations with them is because they have a very special type of visa. The visa would be confiscated from them, and it would be held onto by the actual boss or rancher who owns the property they are working on or doing the work they were doing. They would hold it over their heads as a form of control and manipulation.

We heard of folks living in conditions where either it was excessively cold or hot and not having any type of air-conditioning, HVAC [heating, ventilation, and air-conditioning] or anything that worked so they could live in a fair living condition. We heard of instances of individuals who were brought here to do type A work, and they said, Well, we do not have that work now. Let us have you do A later, so do B and C now. They were talking about construction-type work, laying pavers, cement, or something that has nothing to do with agricultural work they were originally hired to do. We heard of instances of individuals who worked an excessive number of hours but they were only compensated for six, seven, or eight hours.

After hearing that, we realized we need to get involved. Now, I want to make something abundantly clear: I am not suggesting every single ranch in this state is doing this. In fact, I am not suggesting even the partners who will come up and express concerns are doing this. I am saying we have spoken to humans, and we met with them in hiding, and they shared these stories directly to us. Because of that, I think we have an obligation to do something about it. We are not asking for anything that any of you would not ask for if you were in a regular job. If you are there, you get compensated. If you are there and are being forced to live in a remote area, we make sure you have access to the basic necessities for you to do that job. When you cannot, at least you have a plan.

That is what we do here in this bill. We understand sometimes you are in a very remote area, and you will be there for several weeks. It is unrealistic for us to say, Well, that individual should have access to a bank, access to a hospital to get checked up, or a phone immediately, but we can say, Maybe we do it every X amount of weeks. We want to be reasonable within the limitations of what this industry demands.

What I am not okay with, and you are going to hear this: Oh, well, they are coming from another country, and if they were doing that work in that country, they would be making $3 a day or they would not be compensated at all for it. Therefore, they should be happy that even

though they might not have the perfect living conditions or the perfect job, it is better than what they have back home. I want us to move away and outside of that mindset. The reason I want us to move out of that is because we are adhering to Nevada standards. Any human who works in this state, we have to decide as a body—Republican, Democrat, northern Nevada, southern Nevada, rural, or whatever you want to call yourself, type of Nevadan. We need to make a decision whether or not we believe we are going to keep a minimum standard all Nevadans who work in this state will live by. If we start somehow deciding and making rules that we are going to treat humans who come from other places differently, then I believe we are creating a substandard rule in this state.

The other thing I want to say is a lot of the folks we have had an opportunity to work with and speak with will call these workers family. They will say this, This is like my son; this is like my brother; this is like a cousin to me. I do not want to minimize they have a sincere relationship, and it is wonderful. What we are concerned about is not those individuals; we are concerned about the folks coming to us silently expressing these concerns.

With that, Madam Chair, I know Ms. Martinez already hit part of the overarching objective of the bill. I do want to let folks know we have removed, through negotiations and from some of the farms that reached out to us, the overtime requirement. That has been completely removed from the bill. What is left in the bill, if I could very quickly walk everybody through it. Section 1.3 defines "agricultural employees," and it goes off the *U.S. Code* under the Fair Labor Standards Act. Section 1.7 amends *Nevada Revised Statutes* (NRS) 608.007 to incorporate the new definition of "agricultural employee."

Section 2 requires agricultural employees to receive a meal period of at least 30 minutes after five hours of continuous work. Again, this is what is commonplace and what we would expect of any individual working in the state. Sections 3 and 4 remove exemptions that allow lodging and meals for agricultural employees to be valued above statutory caps when calculating wages. Sections 4.3 through 4.7 are conforming changes to enforcement statutes to ensure applicability of the new definitions and provisions.

Section 5 establishes a framework for an agricultural workers' bill of rights. Section 6 names sections 6 to 21 as the Agricultural Workers' Bill of Rights. Sections 7 through 10 define key terms, including "agricultural employer," "agricultural worker," and "key service provider." Section 11 grants agricultural workers a right to receive visitors at employer-provided housing. We thought this was really important because again, if you are in a remote area and you are living in sub-living conditions, unless somebody can go out there and see it themselves, we would not know that is happening.

Section 12 grants agricultural workers access to key service providers during non-working hours and health care providers even during work with possible regulatory expansions, and we can go into that further if there are any questions there. Section 13 requires employers to provide weekly transportation to essential services, unless the worker has a personal vehicle. Again, we can go into that deeper if there are questions there. Section 14 prohibits

obstruction of access to and from worker housing by employers. Again, you cannot make it impossible so nobody can access where these folks are. When you are providing housing, they have to allow folks to be able to come in and out.

Section 16 mandates visible posting of workers' rights at housing, workplaces, and electronically. This is really important. We want to make sure individuals are aware of their rights. Often we understand they may be coming from another country and they may be accustomed to a different standard of rights. We want to make sure we are adhering to Nevada's rights. Section 19 affirms agricultural workers' rights to organize, bargain, and refrain from union activity. This is giving them collective bargaining rights. I respectfully understand not everybody believes in collective bargaining, but this is an either you are in, or you are out type of mindset. Respectfully, I think humans should have a right to collectively bargain and figure out what is best for the folks in that space.

Section 20 creates a civil right of action for agricultural workers, whistleblowers, and service providers. This is really important for me because if we had this in place already, all the families we have been talking to and all the workers we have talked to would not be doing it in secret. You could hear from them in person if we had some of these protections in place. That is why that is incredibly important to me. Sections 21 and 22 are deleted by amendment. Section 23 is the effective date of October 1, 2025. With that, Madam Chair, I thank you again for the indulgence. We are open for any questions you may have.

Chair Marzola:
Committee members, are there any questions?

Assemblymember Kasama:
I have a question under section 1, subsection 2 [*sic*], I guess. I am trying to understand because currently, if there is bad behavior towards the agricultural workers and it is reported, does the Labor Commissioner currently not have enough authority to go after the employers who are mistreating the workers? We are adding specifics in here, but I am curious if they have that authority right now.

Senator Flores:
I am there in section 2 with you. I am reading, and it is the amendment of NRS 608.019, "An employer shall not employ an employee for a continuous period of 8 hours." Is that the section you are referring to?

Assemblymember Kasama:
I guess it is more general. I mean, it is going from eight to five hours, which seems really reasonable and good. I am surprised it was not even shorter, frankly. In general, I guess my question should be about the Labor Commissioner. If there is egregious behavior towards the agricultural workers, can it not be reported? Does the Labor Commissioner have enough authority to go after those employers who are mistreating the workers currently?

Senator Flores:
The short answer is yes. However, there are four key points I want to bring up as to why we believe this is necessary. When we were talking to these folks, it became abundantly clear they were not aware of most of their protections that exist today. Because the work they are doing is seasonal in nature—I am respectful of that and I do not want to minimize that—oftentimes some of the more egregious working conditions we have seen have been by folks who are in very remote areas. By the time they are there and back, within three to four weeks gone, they have identified the issue and now several months have passed. By the time they are going to bring up a concern, it is almost already too late, and they are already leaving at times. One of the things we found is that within the scope of the work they are doing for the limited amount of time they are doing it, it has not allowed for them to really flesh out how to go through the regulatory process or through the regulatory protections in place now to navigate that structure.

The other side of that coin is that besides folks not knowing exactly what they can do comes the intentional acts of making it difficult for people to come on site; making it difficult for people to have access to them so they know we can have a third party to see that issue happening. I am not suggesting someone is going to say to the Labor Commissioner or somebody doing an OSHA [Occupational Safety and Health Administration] investigation, I am not going to let you onto private property. It has been our position, at least from what we have heard from them, it has been hard for people to get on site to even figure out what is happening.

Chair Marzola:
Members, are there any additional questions? [There were none.] We will start with support testimony of S.B. 172 (R2). Is there anyone wishing to testify in support?

Noé Orosco, Government Affairs Manager, Make the Road Nevada:
I would like to read a testimony from a farm worker we had spoken to:

> I have lived and worked as a farm worker in Nevada for the past two years. During this time, I have witnessed, and personally experienced, the hardships many farm workers endure, particularly when it comes to housing. Along with ten other farm workers, I was provided housing by the farm owner. The accommodations consisted of a two-bedroom trailer for which each of us was charged $116 per month. In total, the farm owner collected $1,392 from us every month for a space that was far from suitable for living.
>
> The owner had multiple trailers on his property. The conditions inside were harsh. Three of us squeezed into each bedroom, while four others slept in the living room, and one person had no choice but to sleep in the kitchen. The trailer lacked both heating and air-conditioning, and the farm owner refused to make necessary repairs. With no other options, we gathered what

little money we had to fix the air-conditioning ourselves. The poor living conditions took a toll on our health and safety, and a couple of us suffered injuries inside the trailer due to the deteriorating state.

When we brought these concerns to the farm owner, instead of receiving support or even acknowledgment of the hardships, we were met with them asking us to leave. We were given 15 days to vacate the premise. However, only after 2 days, we were abruptly told we had to leave immediately. Just like that, we were left unemployed and unhoused. Once again, we pulled the limited resources together and managed to purchase a trailer. While this gave us a place to stay, we had no option left for even the most basic necessities like food, clothing, and hygiene products. It was an incredibly difficult time, but we were fortunate and grateful to receive support from the community service providers. This experience reinforced the urgent need for fair and humane living conditions for farm workers.

No one should have to endure what we went through just to earn a living. Our labor sustains the agricultural industry, yet we are often left without the dignity of safe housing and job security. I hope this Committee will take the decisive steps to ensure we are treated with the respect and fairness we have long been denied.

Cassie Charles, representing American Federation of State, County and Municipal Employees:
Of course we are here in support of S.B. 172 (R2). It was not long ago this body affirmed collective bargaining rights for state employees, and now is the time to fight to expand that right and protections for some of the most vulnerable and mistreated workers in our state. We urge your support.

Ross Kinson, President, Northern Nevada Central Labor Council:
This bill basically gives workers something most of us have had our entire lives. It levels the playing field for a very essential part of our workforce, and I do not see how that is a bad thing. For those reasons, we support it.

Wendy Colborne, Chief of Staff, Building and Construction Trades Council of Northern Nevada:
Our industry is also very dangerous, and it has been our experience that safety regulations and labor laws are written in blood. That is very much the case here as well. We believe every worker has a right to a safe and dignified workplace, and we strongly support this bill.

Olivia Tanager, Director, Toiyabe Chapter, Sierra Club:
We stand in strong and unwavering support of Nevada's agricultural workers. I believe with every fiber of my being that environmental justice is inseparable from worker justice. We cannot advocate for healthy land, clean air, and sustainable agriculture, while ignoring the rights and dignity of the very people who make that possible. The same fields that produce

our food are also the front lines where workers endure extreme heat, pesticide exposure, unsafe housing, and sometimes-poverty wages. Senate Bill 172 (2nd Reprint) is a moral imperative. By passing this legislation, we move closer to a future where sustainability not only includes the health of our environment, but the well-being of every human being who sustains it. With that, we urge your full support.

A'Esha Goins, representing Service Employees International Union Local 1107:
We support our partners, and we also appreciate the sponsor for bringing this bill. Most importantly, we appreciate the sacrifice from our farm workers. We want equal rights, justice, and the ability for people to earn a good living and have good housing. We ask you to support this bill.

Jackie Spicer, Coalition Coordinator, Nevada Environmental Justice Coalition:
Today we are in strong support of this bill. We believe the hard-working people who put food on our kitchen tables deserve to have minimum standards for their living and working conditions. We hope you will support this bill.

Todd Ingalsbee, President, Professional Fire Fighters of Nevada:
I think everybody summed this up in really good words, and ditto.

Justin Guzman, Campaign Coordinator, Progressive Leadership Alliance of Nevada Action Fund:
I am here in support of S.B. 172 (R2). Nevada's agricultural workforce is the backbone of our great state. Agricultural work is one of the most dangerous occupations with workers routinely experiencing injuries, pesticide exposure, heat stress, lack of shade, and inadequate access to essential health care and housing. Agricultural workers are some of the most oppressed workers in the United States. Exploiting farm workers creates instability in the workforce, leading to higher turnover and labor shortages. The Progressive Leadership Alliance of Nevada (PLAN) believes farm workers deserve to be paid fairly, have safe housing, and have access to essential services without fear of retaliation. We assert that investing in workers is not just about a more sustainable agricultural economy, it is about human decency. On behalf of PLAN, we urge you to support S.B. 172 (R2).

[Exhibit D was submitted but not discussed and will become part of the record.]

Chair Marzola:
Is there anyone else wishing to testify in support? [There was no one.] We will move to testimony in opposition to S.B. 172 (R2). Is there anyone wishing to testify in opposition?

Tray Abney, representing National Federation of International Business Nevada:
We are here in respectful opposition. I do want to put on the record that I appreciate Senator Flores very much and all the sessions we have been in the building together. We disagree on a lot of things, but he has always been willing to talk with me and with my

clients on these issues. I appreciate him very much. Specifically, you will always see me up here when there is a bill that opens up a private right of action, which section 20 does, I believe, and then section 19 with the allowing of collective bargaining for farm workers.

To Assemblymember Kasama's point, we think there are already protections in state law for these workers if any employer decides to break the law and treat them inappropriately. We are also concerned, frankly, for the cost for Nevada families. There are a lot of conversations in this building about cost and trying to bring down cost for all of your constituents. Certainly we believe this bill, given supply chain, inflation problems, tariffs, and everything going on, does not help the cause of bringing down cost for Nevada families. For that reason, we oppose.

Jim Snyder, Chair, Board of Agriculture, State Department of Agriculture; and Owner, Snyder Livestock Company, Yerington, Nevada:
Snyder Livestock Company is my own family's diverse family farming operation in Lyon and Douglas Counties. I chair the Board of Agriculture, and that body voted unanimously to oppose S.B. 172 (R2). That opposition stems from the fact that existing laws and regulations relevant to all issues of farm workers' rights are vigorously enforced by the U.S. Department of Labor as well as state agencies. There is simply no need, benefit, or justification for an additional layer of regulatory burden on the agricultural industry. Agricultural workers are thoroughly protected by existing law.

Section 19 of this bill would affirm farm worker rights to unionize. Unions promote this bill; farm workers do not. Unionization would result in reduced take-home pay for workers when union dues are deducted from worker paychecks. Please vote to oppose this bill. I am happy to attempt to answer any of your questions.

Paul J. Moradkhan, Senior Vice President, Government Affairs, Vegas Chamber:
The Chamber is opposed to S.B. 172 (R2), and we do appreciate the conversations we had early on with the bill sponsors at the beginning of the session, but the Chamber is still in opposition to the bill. As you can imagine, the Chamber represents so many different sectors of the state's economy. We do have concerns about what this impact would have to the farm industry and to family-owned farms. Obviously, the concerns involve disruption to the agricultural business, food production, and cost that would be passed out to consumers.

Bonnie Little, Private Citizen:
[Read from testimony, Exhibit E.] Less than 1 percent of U.S. citizens work directly on a farm or ranch, and 100 percent of us eat. The average age of the Nevada farmer or rancher is nearly 58 years old. Of the many problems in this bill, I will use my time to address the requirement for employers of range workers to transport their employees to a city once every three weeks. Range workers are hundreds of miles from the nearest town, and those miles mostly consist of unmaintained dirt roads. To transport range workers to a town and back will take several days and could result in a rancher spending one third or more of his time cycling out employees to transport.

When needs arise, employees are brought into towns as federally regulated, and technology has also made the needs to go to town far less, as much can be done virtually. Mandating constant transport of range workers into towns is not feasible and will impose unnecessary hardships on range livestock businesses.

This bill discourages new citizens of Nevada from entering the agricultural industry. If you like to eat; if you want your children to eat; if you want your grandchildren to be able to eat, I suggest you kill this bill here. So much power, right now, rests in your hands.

I have questions for Senator Flores I would like him to clarify during his closing statements. Senator Flores, you once told me you would like to see all employees on a level playing field. Then why are mechanics of agricultural businesses and all employees on a cannabis farm exempt from the agricultural workers' bill of rights? Why are agricultural workers on a certified organic farm exempt from the provisions of section 15? Before creating regulations regarding egg workers, the federal government, who controls much of the egg workers regulations, conduct extensive research. Senator Flores, what research have you done or relied on to support the creation of your bill? Have you spoken to any Nevada farmer or rancher to gain their perspective? Did you speak to any experts, such as agricultural departments within the universities, to help with the successful creation of this bill? I will address the Committee right now, and I hope you all do your research before you vote on this bill because the Department of Labor highly regulates. I have my list of questions for Senator Flores.

Mary Snyder, Owner, Snyder Livestock Company, Yerington, Nevada:
I am a proud fifth-generation native of Nevada. I strongly urge you to vote no on S.B. 172 (R2). Today, every complaint we heard spoken about could be investigated and held accountable by the U.S. Department of Labor, Wage and Hour Division. Honestly, when those advocates heard those complaints, they should have reported it to the Wage and Hour Division. The Wage and Hour Division will investigate, regardless of whether it is a domestic worker, a foreign worker here on an H-2A visa, or, yes, an undocumented worker. The Wage and Hour Division has strong monetary penalties they can enforce, and they will. We encourage you to not create this extra level of burden. California has gone from over 30,000 acres of asparagus to less than 1,000 acres of asparagus in the last few years because of cost and regulatory burden. That means your asparagus is coming from Mexico. The United States has the safest food supply in the world, and we need to keep it safe by continuing to produce our food in Nevada.

The right for farm workers to unionize is not something farm workers are asking for. There is litigation going in both New York and California with farm workers suing, both federally and in California against the state, for what they have described as coercive tactics of the unions to try and get them organized. Please, if you want to protect Nevada's farm workers, you need to protect Nevada's farmers and need to vote no on S.B. 172 (R2). Agriculture is the third-largest industry in Nevada, and it is the number one industry in 85 percent of this state. Farmers are price takers not price setters. If costs go up, farmers will go out of business, and that hurts everyone in Nevada.

C. Joseph Guild III, Private Citizen, Reno, Nevada:
As an example of the impracticability and possible impossibility of a complaint with some of the provisions in this bill, two weeks ago we branded some calves at the ranch I manage. We got up early, saddled horses, and we were on horseback at 6:30 a.m. gathering pastures of cows and calves to be branded. Believe me, you do not want to keep these calves away from their mamas very long. It stresses them, so we try to do it efficiently and within a certain time period. We finally finished at 2 p.m. so we were way beyond the five hours that would have been necessary to feed a crew of people. We would have been in violation of the law. We did feed everybody. A friend of mine barbecued for us, and we had a good time, but we would have violated the law as it is written here in this bill. I would be happy to answer any questions, but it proves to me there is an impracticability and an impossibility in some cases to comply with the provisions in this bill.

Mike Bardsley, representing John Espil Sheep Company, Inc., Sparks, Nevada:
I oppose S.B. 172 (R2), mostly in regard to section 13, the transport of the range worker to town every three weeks. Like Ms. Little said earlier, it is impractical. It is an impossibility concerning housing for these men. It is already highly regulated by the U.S. Department of Labor. This is just another level of regulation that can put us in jeopardy with the federal regulations. That being said, if you have any questions, I am more than happy to answer them.

[Exhibit F was submitted but not discussed and will become part of the record.]

Chair Marzola:
There are no questions. Is there anyone else wishing to testify in opposition? [There was no one.] We will move to neutral testimony. Is there anyone wishing to testify in neutral? [There was no one.] Senator Flores, would you like to give any closing remarks?

Susie Martinez:
During this testimony, I heard we want to protect the businesses; we want to protect the farmers; and we even want to protect the baby cows, but never once did I ever hear we were here to protect humans. These are the people who feed us. These are the people who protect these people's businesses. That is why I feel this legislation is very important, and that is why it has been brought forward.

Senator Flores:
I would remind folks we are not mandating collective bargaining in this bill. We are simply allowing for folks to do it should they choose to. If they choose not to, we can continue status quo as what we have now. We are simply asking we allow them to have the opportunity and let the workers decide what is best for them.

Chair Marzola:
I do have to say, as someone mentioned earlier about bringing down the costs for families in Nevada, I think that is always one of our main objectives. What I do not believe in is we need to do that on the backs of others, or we need to do that by sacrificing the health and welfare

of other Nevadans. Whether this bill moves forward or not, that is between myself and my Committee members. Please do not take what I just said as my leaning one way or the other. I am just telling you how we should be in our thought process as human beings. With that, I will close the hearing on S.B. 172 (R2). I will now open the hearing on Senate Bill 344 (1st Reprint), which requires health insurance to cover certain screening for certain genetic disorders. Welcome, Senator Cannizzaro. You may begin when you are ready.

Senate Bill 344 (1st Reprint): Requires certain health insurance to cover certain screenings for certain genetic disorders. (BDR 57-1104)

Senator Nicole J. Cannizzaro, Senate District No. 6:
I am pleased to be here today to present to you Senate Bill 344 (1st Reprint). This bill, Madam Chair, seeks to require coverage for noninvasive prenatal testing (NIPT). I am very pleased to be joined in Las Vegas by Dr. Joseph Adashek, who is a high-risk pregnancy obstetrician-gynecologist (OB/GYN)-certified specialist and one of the doctors at the practice who helped deliver my three little boys. We have been working on this particular bill for a bit of time, and I am very pleased to be here today to present S.B. 344 (R1) to you.

With your permission, Madam Chair, I would like to talk a little bit about the bill and then turn it over to Dr. Adashek for some more technical expertise. Senate Bill 344 (1st Reprint) pertains to a lot of noninvasive prenatal screening and testing. Prenatal screening and testing are medical procedures performed during pregnancy that are used to help monitor maternal and fetal health, detect potential birth defects, identify any genetic disorders, and assess the risk of chromosomal abnormalities in the developing baby before birth. Today's prenatal testing standards reflect a patient-centered approach, and the American College of Obstetricians and Gynecologists (ACOG) recommends discussing and offering genetic screening and diagnostic testing options to all pregnant patients regardless of age or risk factors. After thorough review and discussion, patients then would have the right to pursue or decline any testing.

Noninvasive prenatal testing is a screening method that offers an accurate evaluation of the likelihood that a patient is carrying a fetus that might have a chromosomal abnormality, helping both the physician and patient assess the risk of such disorders and then engage in any appropriate medical treatment. This screening method offers remarkable advantages to more invasive procedures that might extract placenta tissue for genetic testing and, instead, it requires only a simple blood draw with very minimal risk to the patient and fetus and can be performed as early as ten weeks of pregnancy.

Typically when we talk about this, some of these testing procedures are things you might think of as an amniocentesis, which can cause risk to both the fetus and the mother and increases the risk for preterm labor. This sort of noninvasive prenatal testing that, again, would be covered but would be up to the patient to decline or receive, is a simple blood draw from the mom that then can be utilized to determine whether or not there are any issues and whether or not those issues should be addressed by the physician without undergoing that more invasive treatment.

Fetal chromosomal abnormalities occur in about 1 in 150 live births, and the incidence rate increases the older a pregnant patient is. However, they can occur in a fetus regardless of the patient's age, race, or ethnicity. For many expectant patients, receiving early and accurate results from NIPT, which is what this is commonly referred to, can provide emotional reassurance, allow them to mentally prepare for any potential health issues, and make informed decisions about their health and their lives. Overall, NIPT represents one of the most significant advancements in prenatal care in recent decades, providing a safer, earlier, and more precise screening option for expectant parents. I would note this sort of testing can also then make a determination about whether any additional, more invasive testing might be needed by a practitioner.

Most health insurers will pay for NIPT in high-risk pregnancy cases, but about 20 percent of them do not cover this screening for low-risk pregnancies. Additionally, prior authorization requirements from insurers can be a barrier to accessing NIPT. According to the American College of Obstetricians and Gynecologists, 5 out of the top 10 major private health plans have a prior authorization requirement for NIPT. Therefore, this bill proposes to require health insurers to automatically cover this screening without that prior authorization or other conditions.

I briefly want to talk about the bill. The bill, in sections 4-10, 12, and 14-16, requires certain health insurers to provide that coverage and also prohibits the prior authorization for those screenings, as I mentioned. With that, Madam Chair, what I would like to do is send this over to Dr. Adashek down in Las Vegas to give a little bit more of a technical expertise and the practical realities surrounding pregnancies and why this NIPT testing is so very important.

Joseph A. Adashek, President, Nevada State Medical Association:
I am also a high-risk pregnancy doctor and associate professor at the University of Nevada School of Medicine. I would like to thank Chair Marzola and the members of the Assembly Commerce and Labor Committee for hearing my testimony today. I am also grateful to Senator Cannizzaro for sponsoring this bill. Under the threat of great bodily harm to myself from my policy director and lobbyists, I promise I will limit my testimony to three or four minutes at the most.

Please note, I am here representing the physicians in the state of Nevada, especially the OB/GYN physicians who would love to testify in favor of this bill. We are here in strong support for S.B. 344 (R1), which would cover the cost without prior authorization of NIPT, which stands for noninvasive prenatal testing. It is otherwise known as cell-free DNA, and it actually tests the fetal DNA and the mom's circulation as early as 10 weeks with 90 to 95 percent accuracy of what the chromosomes are. Those results can actually be received by 11 weeks. To say this is a game changer is an understatement.

For those of you who have not been recently pregnant, the standard of care before NIPT—which is unfortunately what we have to do in this state—is performing an ultrasound to measure the skin thickness behind the neck of the baby at around 13 weeks, known as nuchal fold screening. The thicker the nuchal fold, the greater the risk of fetal chromosome defects.

We then would take that measurement, measure the baby's length, take the patient's age and four different blood tests, then combine all of this into a formula, and this would give us a risk factor for abnormal chromosomes. This test was considered positive if the risk was greater than 1 in 200 or 0.5 percent, as opposed to 90 to 95 percent accurate for NIPT.

If the risk for chromosomes were normal at 13 weeks, then the patient comes back again about 4 to 8 weeks later to do more blood tests. Again, if the risk was more than 1 in 200, that risk was considered abnormal. Then the patient would have genetic counseling, and we would offer amniocentesis after, of course, fighting with the insurance companies to get permission to do the amniocentesis. Finally, the patient does not get the results until about 20 weeks as opposed to 12 or 13 weeks.

Like I said, it detects the DNA in the mom's circulation, which is the reason why this test is so accurate. It is also the reason 47 other states in this country have approved NIPT for all pregnant women without having to obtain prior authorization. It is also standard of care in this country, and ACOG states every pregnant woman should be offered this test. Again, with the old screening tests we have to do here, many patients get this devastating phone call unnecessarily that their baby might have a lethal chromosome defect and, needless to say, they are devastated. Now they have to undergo an amniocentesis if they want to know for sure or, of course, they have the option of waiting until delivery to find out if their baby has a lethal chromosome abnormality or not. Imagine what this is like for all of our patients who get this devastating news from a test that is only accurate with a 1 in 200 chance, and it significantly affects us as doctors to have to give this news.

Lastly, a real quick fiscal note about this, NIPT replaces first trimester screening. It replaces all the first and second trimester labs and the false positive results where we have to do an amniocentesis. This unfortunately was not included in the fiscal note. The only thing included was what NIPT costs, but NIPT will actually save the state money since we do not have to do the first trimester ultrasound; we do not have to do the blood test; we do not have do second trimester blood tests; we do not have to do amniocentesis for false positive results; or the genetic screening and fetal anatomy scan at 20 weeks.

Again, I would like to reiterate, 47 other states in this country have approved this test on all pregnant women. I would like to thank the Committee so much for indulging me and listening to me, and I am open for any questions.

Senator Cannizzaro:
With that, Madam Chair, that does round out our presentation. I think one of the important pieces to note is we are one of three states that does not have this coverage. Again, for some patients who have a high-risk pregnancy, this is covered and would be covered for them to be able to receive this test. This simply is a way for this sort of diagnosis to occur for a patient who chooses to engage in that without having to undergo much more invasive tests. I think not passing this bill does not mean these sorts of ongoing medical procedures do not occur. It is that we are opting to allow for coverage for something that is much less invasive for the patient, is much less risky for both the patient and the baby, and it is something that is quite

simple. Like they said, just a simple blood draw can give a lot of information to parents and families and also to doctors and practitioners. With that, we would love to take any questions you or the Committee members may have.

Chair Marzola:
Members, are there any questions? [There were none.] We will start with support testimony of S.B. 344 (R1). Is there anyone wishing to testify in support?

Jacqueline L. Nguyen, Policy Director, Nevada State Medical Association:
We are so proud to support S.B. 344 (R1) and are deeply grateful to the majority leader for sponsoring this important legislation. Noninvasive prenatal testing has been proven to be an invaluable tool in prenatal care. It is able to detect a wide array of genetic conditions more efficiently and will ultimately benefit a much larger population through earlier detection. It provides expectant parents, like me when I had my twins, with early and accurate information regarding the health of their baby. Early detection through NIPT allows parents to make informed decisions and provides them with clarity during a critical time. This test can not only ease the emotional burden of uncertainty but also lead to better health outcomes for both the mother and the child.

I cannot reiterate it again, Nevada is only one of three states left in the nation that does not have legislation like this, and it is time to fix that. We urge you to support S.B. 344 (R1), as it will provide better health care and better outcomes.

Sarah Adler, representing Nevada Section, American College of Obstetricians and Gynecologists:
I will simply echo the remarks of Senator Cannizzaro and Dr. Adashek, who did an outstanding job with the explanation and rationale for this bill. I will add that in 1986, I spent that sleepless night awaiting the amniocentesis. After we had a false positive test, we thought our firstborn might not have a spinal cord. That is the reason with my second pregnancy, I would not have any testing. I was just going to have this baby because I was not going to go through that again. It turned out we got Meredith and William. We found that out six weeks before they arrived, so joy all around, but the importance of this bill has been underscored to me personally. We urge your support.

Tom Dunn, Private Citizen, Reno, Nevada:
I am testifying in my own personal capacity as a husband whose wife got pregnant at 36 and had to fight with the insurance company to get proper testing for my wife and our child. I strongly urge you to support this bill. Thank you.

[Exhibit G was submitted but not discussed and will become part of the record.]

Chair Marzola:
Is there anyone else wishing to testify in support? [There was no one.] We will move to testimony in opposition to S.B. 344 (R1). Is there anyone wishing to testify in opposition? [There was no one.] We will move to testimony in neutral. Is there anyone wishing to testify in neutral?

Adam Plain, Insurance Regulation Liaison, Division of Insurance, Department of Business and Industry:
I did submit written testimony today. I would like to request you disregard that. I made it 114 days before my first big boneheaded error. I submitted written testimony saying this bill did trigger federal defrayal. If I had been paying better attention, I would have remembered Amendment 756 removes the triggers for federal defrayal, and that is no longer a concern. My apologies to the Committee, the bill sponsor, and all the proponents. To be clear, S.B. 344 (R1) no longer triggers federal defrayal provisions. I am happy to take any questions.

Assemblymember Monroe-Moreno:
Could you just restate what type of mistake you made?

Adam Plain:
I made a boneheaded error.

Chair Marzola:
We appreciate your testimony, and it takes a big person to admit when they are wrong. Is there anyone else wishing to testify in neutral? [There was no one.] Senator Cannizzaro, would you like to give any closing remarks? [Closing remarks were waived.] I will close the hearing on S.B. 344 (R1). I will now open the hearing on Senate Bill 231 (1st Reprint). This measure establishes provisions relating to the collection and destruction of unused drugs. Welcome, Senator Stone. You may begin when you are ready.

Senate Bill 231 (1st Reprint): Establishes provisions relating to the collection and destruction of unused drugs. (BDR 54-564)

Senator Jeff Stone, Senate District No. 20:
It is my pleasure to present Senate Bill 231 (1st Reprint), which proposes to establish provisions relating to the collection and destruction of unused drugs. The appropriate and legal disposition or disposal of expired or unused prescription drugs is important to prevent drug diversion, protect our landfills, and safeguard our finite water supplies. With respect to diversion, many citizens often store their unused or expired pharmaceuticals in medicine cabinets in their bathrooms or in their cupboards. This leaves their drugs vulnerable for children, grandchildren, or even strangers visiting them to take them, ingest them, or if a controlled substance, sell them on the streets.

In a rapidly aging population, which I am now a member of, there is a higher propensity of being prescribed a controlled substance for pain control, not limited to but including hydrocodone or vicodin, oxycodone or oxycontin, hydromorphone or dilaudid, or just plain morphine or a controlled anti-anxiety drug such as Xanax, or sedative hypnotics such as halcion or triazolam. These drugs can be potentially sold illegally on the streets, and they could be sold for a lot of money. Data from the federal law enforcement agencies has shown that oxycontin tabs can be sold for as much as $50 to $80 a tab; oxycodone generics $12 to $40 a tab; hydrocodone, a generic for vicodin, $5 to $20 a tab; or Xanax, alprazolam is a generic name, as much as $20 a tab.

Because of the inconvenience of finding a drug disposal box nearby, many people just throw their pills in the rubbish, polluting our landfills, or often flush their pharmaceuticals down the toilet, forever tainting our water supplies. You see, many drugs that are water soluble cannot be filtered out by water treatment plants. Hence, these drugs tend to accumulate in our water supplies over time, especially in southern Nevada where I live, where there is a robust toilet-to-tap program that is so essential in confronting our water scarcity and low level of Lake Mead, but we also see an increasing trace drug presence, which may present health issues in time. As an example, studies have shown trace amounts of drugs that are excreted by the body and those that are improperly disposed of find their way to Lake Mead, a major source of drinking water in southern Nevada.

What is the solution? The solution is installing more drug disposal bins in retail pharmacies throughout Nevada. The Drug Enforcement Administration (DEA) has promulgated the *Code of Federal Regulations* Title 21 that allows for the installation of drug disposal bins, and through this regulation, ensures bins are placed in pharmacies where they can be observed while the pharmacy is open and closed off and shut when the pharmacy is closed. It allows for reverse distributors licensed by the DEA to pick up or have mailed to them the discarded pharmaceuticals and destroy them, usually by incineration, in accordance with Title 21, which is fully traceable and accountable. One national disposal company reported over 1 billion pounds of pharmaceuticals were destroyed in just one year alone.

The issue is that there are not enough of these drug disposal bins in Nevada to appropriately discard pharmaceuticals. In 2025, the State Board of Pharmacy identified the number of existing drug disposal bins and pharmacies in Nevada from a shared database with the United States Drug Enforcement Administration to be: in Elko, we have 4 locations; Reno and Sparks have 7; Las Vegas and Henderson have 50; and North Las Vegas has 3. That is a total of 64 pharmacies for 3.2 million people, or 1 bin for every 50,000 people. For comparison, California has a similar program. Sacramento, California, which has a population of 520,000 within a 20-mile radius, has 96 pharmacy locations with pharmacy disposal bins. That is 1 for almost every 5,000 people.

What will this bill do? This bill will encourage—it will not mandate—pharmacies, especially chain stores within their market share, consider adding more drug disposal bins statewide, making the service better advertised, available, and expand to more convenient locations for patrons to utilize. You may ask why would a pharmacy consider placing more of these bins

in pharmacies throughout Nevada. Well, of course, providing this eco-friendly and public safety service can be advertised as a wonderful community partner, and one could also predict these bins could increase traffic of customers to the stores to buy more sundries, drugs, et cetera, as they come in to discard their drugs.

Pharmacies that install these bins cannot by legislation charge a fee for patrons to use these bins to discard their pharmaceuticals. It is a 100 percent free service offered by pharmacies participating. Pharmacies participating need to get regulatory approval from the DEA. The DEA remains the lead agency, the regulatory agency overseeing the program. The State Board of Pharmacy does not require a mandated permission via an application or permit for the same, like some states like California, which adds the cost for participating pharmacies. There is also no legal requirement for participating pharmacies to notify respective law enforcement agencies in the municipality where the bins are located, nor is it necessary, as the DEA is the chief law enforcement agency for the program.

Examining the bill more carefully, in section 1, *Nevada Revised Statutes* (NRS) Chapter 639 is amended to add a new section. Subsection 1 says, A collector that maintains a secure drug take-back bin for the collection and destruction of home-generated pharmaceutical waste shall: (a) Comply with all applicable state and federal laws and regulations relating to the collection of home-generated pharmaceutical waste for destruction in secure take-back bins; (b) Ensure that the secure drug take-back bin is placed in a location that is regularly monitored by employees of the collector; (c) Ensure that conspicuous signage is posted on the take-back bin that clearly identifies for customers the substances are not acceptable in the bin, such as Schedule I drugs, syringes, or needles, and the hours during which deposits into the bins are permitted; (d) Ensures public access to the bins is limited to hours only in which the collector is present and able to monitor the operation of the bin; (e) Regularly inspects the bin and surrounding areas for potential tampering or diversion; and (f) The pharmacy must maintain a record of inspections that must be documented in writing or electronically, including the date and time of each inspection and the initials of the employee who conducted the inspection.

They must retain the records for secure drug take-back bins required by state and federal laws or regulations for at least two years. They must notify at least one law enforcement agency of any suspected or known tampering of theft or significant loss of controlled substances that occurs no later than one business day after the date in which the tampering theft or significant loss is suspected or discovered.

A collector cannot receive compensation from a customer for the collector to maintain a secure take-back bin. Again, it is a 100 percent free service. Any collector that maintains a secure drug take-back bin and complies with subsections 1 and 2 is not subject to any disciplinary action by the Board for any injury or harm that directly results from the collector maintaining a secure drug take-back bin on the premises unless the injury results from the gross negligence or willful wanton misconduct of the collector.

There is no mandate for any pharmacy to install and maintain such a bin. It is purely voluntary. The Board of Pharmacy may adopt regulations for take-back bins if prudent. Subsection 6 is basically just making a bunch of definitions, including defining "secure take-back bin," which is not in statute as of today. Section 2 states this program proposes to be funded by a $500,000 grant from the Fund for Resilient Nevada created by NRS 433.732 to the State Board of Pharmacy. In section 3, the act becomes effective on July 1, 2025.

In summary, Madam Chair, Nevada has a shortage of drug disposal bins. This is a voluntary program and is not a mandate. The service is free to any citizen to discard their pharmaceuticals responsibly and safely. This will reduce illicit drug diversion. Lastly, this will minimize the deposition of these potentially toxic drugs into our landfills and our water supplies.

In addition, colleagues, you will see there is a friendly amendment submitted by the Nevada Pharmacy Alliance and the Retail Association of Nevada [Exhibit H], which will allow pharmacists to administer drugs, order tests, and do Clinical Laboratory Improvement Amendments (CLIA)-waived tests, which are diagnostic tests that could be done outside a laboratory, for example, a COVID-19 test, a flu test, or a strep throat test. It is required for a pharmacist, as a part of this amendment, to apply and become a laboratory director of an exempt laboratory. Again, it is just an application because in order to do the CLIA-waived testing, you must be a laboratory director. With that, Madam Chair, I would be delighted to answer any questions you might have.

Chair Marzola:
Members, are there any questions?

Assemblymember Monroe-Moreno:
You mentioned in your presentation this would be funded with allocations from the Fund for a Resilient Nevada. What is the funding source for the Fund for a Resilient Nevada?

Senator Stone:
The opiate settlement funds. I sit on the Substance Use Response Working Group (SURG), and as a part of the SURG Committee, it was actually one of their recommendations to utilize those opiate funds for this particular purpose.

Assemblymember Monroe-Moreno:
What would the dollar amount be to establish this fund that you would be taking from the opioid settlement?

Senator Stone:
It is $500,000.

Assemblymember Cole:
I briefly looked at the *Code of Federal Regulations* you refer to in section 1 with the secure drug take-back bin definition. The one thing I did not see is that it would be secured to the ground. The reason I bring that up is I can just picture somebody wanting to steal this. It would be a perfect thing to steal if you have all of this consolidated stuff somebody might want, and there is no value attached to it because it is all discarded so it would not hit any of our theft levels.

Senator Stone:
I should have probably passed these out [Exhibit I], but these are the secure drug bins you can see in some of our existing pharmacies today. They are anchored to the ground, and they have dual keys so you must have people witnessing the opening and closing of these bins. They usually have a 28-gallon bag on the inside of them, which can either be picked up by a company and incinerated or through a DEA standardized process, which can be withdrawn and shipped to the disposal site.

Chair Marzola:
Members, are there any additional questions? [There were none.] You are not mandating the pharmacies to participate in this program, is that correct?

Senator Stone:
No, this is purely voluntary.

Chair Marzola:
My next question is to your amendment and the pharmacist [Exhibit H]. With your amendment, would it allow the pharmacist to diagnose and administer medication, and if so, to what degree?

Senator Stone:
The CLIA-waived tests are qualitative tests, which will test for COVID-19 and strep. These are either positive or negative tests. These can allow the pharmacists, if you will, to deliver a diagnosis. Say, if somebody comes in and they are testing for strep or the flu and it turns out to be positive, then the pharmacist can recommend they talk to their physician or can call the physician and say, We have a positive test, and the physician can give advice on what the patient should do, such as get a prescription or get some over-the-counter drugs.

Chair Marzola:
It is my understanding, and I may be wrong, there are hundreds of tests under the CLIA-waived test, correct?

Senator Stone:
I do not know that there are hundreds of tests, but there are a number of tests under the CLIA-waived test, but they are qualitative where they give either a yes or a no. The pharmacist would be able to decipher the results of that test. I am joined by Ms. MacMenamin from the Retail Association of Nevada who gave the friendly amendment and was party to that [Exhibit H].

Liz MacMenamin, Vice President, Government Affairs, Retail Association of Nevada:
Right now in statute, we are allowed to do these CLIA-waived tests for oral and finger stick. It is under NRS 639.0747. However, after that was passed, the State Board of Health contacted us and said, Oops, no, you cannot because you are not allowed under the Board of Health to do these. We will need a special rider for that. After years of trying to get this forward, the Board of Health called me last interim, and this is where this amendment came from. It is to allow the pharmacy to not have to be a laboratory. We are not doing blood testing; we are not doing fecal matter; and we are not doing any other dangerous fluids. We are simply doing, in a pharmacy, the very basic CLIA-waived tests.

If the Committee is concerned, I can assuage some of your concerns in knowing the Board of Pharmacy will highly regulate this and will set this in regulations so we are not diagnosing or going outside of our scope of practice. Right now in the scope of practice, these CLIA-waived tests, these simple ones Senator Stone was talking about, are those that are already provided we can do in statute.

Madam Chair and members of this Committee, many of you were there when we passed some of these, so I thank you. This just allows us to go forward and complete that whole cycle because now the State Board of Health actually wants us to be able to do it. I will say for the record, other states are also doing this. In many other states, over 30 states, pharmacists are doing some of these CLIA-waived tests. You will probably hear some opposition to this, but this is being done safely. This is something where the mother who picks her child up at 5 p.m., the child is not feeling well, and the mother is worried the child has the flu or strep throat. They can do these simple CLIA-waived tests that are in the pharmacy right now and assure that mother this is negative right now, but you should watch. We can call your doctor and can do whatever is necessary going forward.

This gives that pharmacist who has had 1,700 hours of clinical studies, and who is a Doctor of Pharmacy, the ability to do what they have been educated and trained to do and help close that gap for some of the health care shortages we see today. I hope that answered some of your questions.

Chair Marzola:
It brought up several other questions, but I will take it offline, and we can discuss it. Members, are there any additional questions?

Assemblymember Carter:
I am trying to wrap my head around this. You represent the Retail Association. We already see pharmacists are overworked. Pharmacies are running at capacity. Are we setting it up to have a collapse of the pharmacy system to where they are too busy doing other things to do what everybody expects them to do and efficiently dispense pharmaceuticals?

Liz MacMenamin:
Sir, I understand exactly what your question is, and you are right. We have our own issues in the pharmacy at this point in time. This is something we have seen after COVID-19, as far as keeping this down. This is not something that is going to be rolled out and put more stress on our pharmacists. We are trying to meet the needs of the public and the needs of the pharmacists working inside the pharmacy at this point in time.

I think our greater danger in the pharmacy right now is pharmacy benefit managers (PBM), and the fact we are shutting down many pharmacies across the United States because of the PBM problem we have had. There are other issues, but that is the major one right now we are seeing. I would say, I would hope not, but I would be willing to work with you, sir, and make sure this is not something we see going forward.

Senator Stone:
I think as you see these programs that are going to be rolling out, a lot of these services are not going to be free services but are going to be charging a fee. I think you will see the pharmacy managers and corporates are going to recognize the value in providing these services and are going to staff appropriately.

Assemblymember Anderson:
I have a question about the amendment as well. It has to do with section 8.2, in particular, where it states the regulations must automatically authorize this item. Can you please explain a little bit more as to why, no matter what, those regulations must be required in that way, even though there is another item that is being exempted? If you can go a little bit deeper into that amendment, please.

Liz MacMenamin:
Actually, Dr. Kunke, if he is on the phone, was the one who wrote these. I would think this was directing the regulatory body, the State Board of Pharmacy, to then turn around and authorize the registered pharmacist to serve. No, I am sorry. This is to the State Board of Health. It is asking the State Board of Health to where they must authorize because right now they will not authorize a pharmacist to do this. They are the only hold-up we have in this cycle of being able to do the CLIA-waived tests. We did it during the COVID-19 pandemic. We got a waiver for it during that point in time, then the Board of Health came back. It does not look like I answered your question, so I will work with you offline if you would like to get a clear answer from Dr. Kunke on this one.

Chair Marzola:
Members, are there any additional questions? [There were none.] We will start with support testimony of S.B. 231 (R1). Is there anyone wishing to testify in support?

Jennifer Lanahan, representing Nevada Pharmacy Alliance:
Assemblymember Anderson, I will make sure you are connected with Dr. Kunke so he can answer your questions and any other ones from the Committee. We are in full support of the bill as amended, if you adopt the amendment.

Will Adler, representing Stericycle:
Stericycle is the world's largest medical waste disposal company. The origin of this bill, S.B. 231 (R1), is the collection of registered medical waste. Stericycle has this in many states, where we have seen adoption of registered medical waste disposal sites and having that more prevalent in a state actually has a 1-to-1 reduction on opioids in the state and has a great reduction in opioid access vectors. Having pharmaceuticals in grandma's cabinet is usually a vector point we want to prevent. We encouraged Senator Stone to bring this bill back forward again. I know it did not have the right language in that last session, but it is going to do some good in the state, and we do support the reduction of registered medical waste wherever we can find it. Please support S.B. 231 (R1).

Ken Kunke, Pharm.D., Executive Director, Nevada Pharmacy Alliance:
I am here in support of S.B. 231 (R1). There are some questions I can answer. In section 8.2, it says a regulator must authorize a registered pharmacist to serve as a laboratory director of an exempt laboratory. The State Board of Health requires that in order for the pharmacists to do CLIA-waived tests, so that is what that section is. Also, CLIA-waived tests are being done throughout Nevada right now. It is through the Public Readiness and Emergency Preparedness Act, which is a federal act, and it is going till the end of 2029. The pharmacists have already built this into their workflow, and this will just continue to allow pharmacists to do CLIA-waived tests after 2029.

Also, you heard a bill earlier in session, Assembly Bill 186. All of these sections were in that bill, but we did take a lot out of that bill. In that bill, it would allow pharmacists to prescribe medications. These amendments do not allow that at all. This is only for administering and doing the CLIA-waived tests and ordering lab work. We do support this, and if you have any questions, I am here to answer them.

Adam Porath, Director at Large, Nevada Society of Health-System Pharmacists:
We are the pharmacists and pharmacy technicians in hospitals and health systems. Our pharmacists have been doing CLIA-waived tests for a number of years. However, we are under the hospital medical director's lab license. The amendment [Exhibit H] of this bill would allow pharmacists, after the federal waiver expires, to continue to do CLIA-waived tests within a community pharmacy. In previous sessions, we have authorized pharmacists to do prescribing of HIV prophylaxis medications. The only way to do that safely is if you can test at the point of care for HIV. If the pharmacist cannot be a lab director, there is no way

they can safely provide HIV PREP and PEP medication. We were supportive of the bill to begin with. We certainly need more collection sites for medications, and we are also very supportive of the amendment.

Amy Hale, Private Citizen, Henderson, Nevada:
I am a pharmacist in Nevada. I have a relevant story that happened to my friend this morning. She is nine months pregnant, and her contractions began the same time her young daughter spiked a fever. Her husband took the daughter to urgent care where they waited over two hours, and the daughter did, indeed, test positive for the flu. The husband now has to take the daughter to another site and wait for the prescription for tamiflu for the whole family, while my friend had to go to the hospital alone, and is currently alone, while laboring. Had they been able to swing by a pharmacy, this would have been a much more efficient process to get the test done and the prescription, and they would have saved hours during this very important day. I reiterate, I am very much in support of this bill.

Chair Marzola:
Is there anyone else wishing to testify in support? [There was no one.] We will move to testimony in opposition to S.B. 231 (R1). Is there anyone wishing to testify in opposition?

Jacqueline L. Nguyen, Policy Director, Nevada State Medical Association:
Unfortunately, I was actually here to support in my private capacity. I really do support the drug take-back bins. I am a member of Southern Nevada Opioid Advisory Council, which is a southern Nevada opioid advisory task force, so safe disposal and so on has been near and dear to my heart. At some point, we need to talk about how Nevada needs another incinerator.

Apart from that, unfortunately now I am in opposition of this bill. I was given notice of the amendment [Exhibit H] during this hearing. Unfortunately, the language that brings into the bill the CLIA-waived testing from another bill is really problematic and brings up a lot more questions than not. The amendment specifically states pharmacists can perform any CLIA-waived test. I have not had a chance to read the amendment and research their implications, but there is nothing innocuous about this list of CLIA-waived tests. There are over 1,400 tests on this list. Some complex lipid panels, chronic care management, and controlled substances. These tests are also not as simple as chest, nasal, or mouth swab. If that is the intent, then I think we probably need some clarification because many of these tests on the CLIA-waived list even involve vaginal swabs. We need some clarity on this.

In particular, the proposed amendments state pharmacists can now possess and administer controlled substances as well. We have had many discussions previously about our concern. We have been engaged with stakeholders on A.B. 186, which was mentioned earlier, since day one. We have had so much back and forth with our doctors about all of our concerns for patient protection. I wish we would have had a chance to engage with stakeholders in these

discussions before the amendment on this hearing, but we will remain open and committed to talking to Senator Stone about this. One thing a doctor did say to me and I thought was very wise was, physicians are taught to treat the patient and not the test. I really think this is shortsighted.

Lea Cartwright, representing Nevada Psychiatric Association:
You heard our opposition to A.B. 186 earlier in the session. Our opposition remains the same to this amendment, although we do support the rest of the bill and the drug take-back. We would hope you consider rejecting this amendment and moving the bill forward as originally introduced or as presented in this Committee without the amendment. This body and this Committee, in particular, has spent many sessions talking about requirements for physicians and what you need to do for things such as cultural competency training and biohazard training. None of that exists in the statute for our pharmacists. Same thing for things like liability insurance. Those things do not exist in the pharmacist statute. If this is a conversation we want to have about expanding the scope of practice, it needs more in-depth analysis than the last five days of session could provide us.

Sarah Adler, representing Nevada Opioid Treatment Association; and American College of Obstetricians and Gynecologists:
Like my colleagues, I had intended to come on behalf of our client, the Nevada Opioid Treatment Association (NOTA), in strong support of this bill as it was originally constituted. Absolutely, NOTA believes this is a mechanism that can really help get very dangerous drugs away from youth in our community, as one example. However, I also represent the American College of Obstetricians and Gynecologists who are opposed to the amendment that has come before you today.

Chair Marzola:
Is there anyone else wishing to testify in opposition? [There was no one.] We will move to neutral testimony. Is there anyone wishing to testify in neutral?

Michael D. Hillerby, representing State Board of Pharmacy:
I want to say, as previously mentioned in testimony, we oversee the existing drug drop-off boxes. I am happy to also handle the expansion and to answer the question Assemblymember Cole asked about fines. If you took one of these boxes, you would be in possession of dangerous drugs and likely controlled substances and be in bigger trouble than if they were just regular stolen goods because there was a variety of misdemeanor or felonies depending on the quantities and whether you decide to try to sell them to someone or not. It would be a bit of a rude surprise for someone who took that.

Dora Martinez, Private Citizen, Reno, Nevada:
I do support this bill. I am in neutral because I was wondering if it could be written somewhere in there that for the disposal of the container, it be consistent in every pharmacy, whether it is CVS, Walgreens, or whatever pharmacy. I am totally blind so I am going to be telling you my perspective. If you walk in, the counter is in front of you, and the container would be placed on the right or left, and it stays consistent throughout all pharmacies. You

may know I have a guide dog, and I do drop my friends' drugs because they cannot walk, and I am blind. They call me the blind drug lady. Sometimes my dog will bring me to the trash, and I do not want to drop them in the trash. I want to drop them in a consistent place where they need to be. I hope I make sense.

Chair Marzola:
Is there anyone else wishing to testify in neutral? [There was no one.] Senator Stone, would you like to give any very short final remarks?

Senator Stone:
My primary focus in authoring S.B. 231 (R1) was for the take-back bins, and I met with the proponents of the amendment as early as today. I will not let the amendment get in the way of passing the broader good of S.B. 231 (R1) as it was originally planned by myself. While I think there is some merit to the amendments, I hope you will consider the merits of Senate Bill 231 (1st Reprint) as far as the drug disposal bins goes by itself. I would be happy to work with the opposition as well on the amendment.

Chair Marzola:
I will close the hearing on S.B. 231 (R1). I will now open the hearing on Senate Bill 376 (1st Reprint). This measure revises provisions governing industrial insurance. Welcome, Senator Daly and Mr. Beaman. You may begin when you are ready.

Senate Bill 376 (1st Reprint): Revises provisions governing industrial insurance. (BDR 53-629)

Senator Skip Daly, Senate District No. 13:
I am going to hand this off to Mr. Beaman, and he will be able to answer many more questions about it than I can. I do know the bill and the measure and what we are trying to do, but he has been the one working on it. He also promised me he would keep his testimony and some of his supporters' testimony down to a minimum. I am going to hold him to that. With that, go ahead, Mr. Beaman.

Ryan Beaman, District Vice President, Professional Fire Fighters of Nevada:
Thank you for the opportunity to speak in support of Senate Bill 376 (1st Reprint). It is a critical piece of legislation to address unique challenges faced by firefighters and police officers in our state. Senate Bill 376 (1st Reprint) takes an important step to ensuring firefighters and police officers diagnosed with these occupational diseases, heart and lung, have access to the care they need by allowing an injured employee to seek treatment from a physician of their choice. When specialized care is limited, the bill acknowledges the urgency and complexity of treating these conditions. It also ensures the financial burden of this treatment does not fall on the shoulders of those who have already sacrificed a lot for their communities.

Senate Bill 376 (1st Reprint) allows firefighters and police officers diagnosed with occupational diseases such as heart or lung disease to seek treatment from a physician of

their choice if the existing panel that is created by Division of Industrial Relations (DIR), Department of Business and Industry lacks sufficient doctors. The bill mandates prompt reimbursement for out-of-pocket medical expenses for these occupational diseases, and it also addresses gaps in the current system with providing stronger support for their health and well-being.

I will quickly walk through the bill. We are working from the first reprint. Section 2 of the bill expands access to physicians and also reimbursement provisions. It expands the physician choice for firefighters and police officers, and it actually allows our injured employees with claims of these heart and lung diseases to seek treatment from any qualified physician or chiropractor physician outside the state-mandated panel when fewer than the 12 specialties are available. Our members have found the DIR's list, when they seek treatment for, say, a pulmonologist, there are not 12 by statute, and this would allow them to seek treatment outside that list.

Payment and flexibility, as I mentioned earlier, allows for treatment and services to be paid directly by the injured employee or their covered health insurer and then has reimbursement provisions. It allows the employee to get a full reimbursement from the employer for any out-of-pocket cost for that type of treatment. Then we added strict timelines and penalties for the delayed, along with that the physician has to be able to seek and treat these employees. When we were going through the DIR list, for a lot of our employees, the physicians on the list are sometimes, on these types of diseases, four to six weeks out, six months out, or unknown time frames where they can see these individuals. That is a quick overview of the bill. I will be more than happy to answer any questions you might have.

Chair Marzola:
Committee members, are there any questions? [There were none.]

Ryan Beaman:
If there are no questions, if we could go down to Las Vegas. We have one member, and he will quickly talk about his experience.

Ryan Orton, Private Citizen, Las Vegas, Nevada:
Thank you for letting me appear before you today to share my experiences in support of S.B. 376 (R1). There are many details I would like to share with you today about the workers' compensation system and its shortfalls. However, I know we have all been here for a while and in the interest of time, I will attempt to make my comments brief. I am going to be talking fast. In November 2023, I attempted to seek treatment for a previously accepted occupational disease claim. Part of this process, the first step, was to see a University Medical Center quick care doctor. I left this appointment with three referrals. My referrals were for a pulmonologist, a cardiologist, and an ear, nose, and throat (ENT) doctor. When all of this information was sent to workers' comp, the next thing that came was an unfortunate but predictable denial of the reopening of my claim. This started an eight-month battle with workers' comp to include hearings and a third-party independent medical evaluation.

Finally, in June 2024, the result of this battle was a finding in my favor and a right to finally go see these specialists. Workers' comp decided to approve these doctors one at a time. First was the pulmonologist. When I went to select a pulmonologist, the DIR list contained 33 doctors. I was unsuccessful in scheduling with multiple doctors so an informal audit was done, which resulted in 1 doctor remaining on the list out of the 33. This doctor was not able to be my treating physician due to the fact he was the same doctor who had performed my independent medical evaluation (IME), and this disqualified him from being a treating physician. This then left me with zero choices of pulmonologists.

Next was cardiology. Originally, the DIR list contained 95 doctors. Again, after attempting to schedule unsuccessfully with multiple doctors, the same informal audit was done. This resulted in 27 doctors remaining on the list. I attempted to schedule with 3 of these remaining doctors and was told it would be a six-month wait to get in for an appointment. I was eventually scheduled with my seventh overall choice of doctors.

Lastly was the referral for ENT. The DIR list contained only two ENTs treating patients for cosmetic reasons only. If it was a disease process, they would not see you. This left me with zero doctor choices for an ENT. To summarize—and this is not including the eight months that was lost to the denial process—for pulmonology, the wait from time of claim acceptance to seeing a doctor was five months. I had zero doctor choices and was arbitrarily assigned one not of my choosing. For cardiology, the wait from time of claim acceptance to seeing a doctor was six months, and I was able to finally get into my seventh overall choice. For ENT, to this day I still have not been able to see a doctor. There are zero choices, and it has been nearly one year.

I think this shows the law, as currently written, is not working in the areas of patients being able to choose their doctors, which is very important, or being seen in a reasonable time frame. Lastly, this is not unique to me. I have heard these experiences echoed from my coworkers over and over again. No matter where the system is broken, the people who end up paying the price are the injured workers, and this bill is, quite literally, a lifeline for them for when the system fails to work. When the system does work, this bill does not even apply. I would be happy to answer any questions you might have.

Chair Marzola:
I do not practice workers' comp. When you say you have zero choices on a list, and you have been referred to, for example, a cardiologist, and you have zero choices, what happens at that point? Do you not see anyone at all?

Ryan Orton:
Let us take the pulmonologist as an example because that is where there were zero choices. Like I said, there was one doctor left on the list. I said, Okay, I guess, can he be my doctor? They said, No, he did your IME so he is now disqualified so there are zero doctors left. I said, Okay, what are my options? Where do we go from here? Do you send me out of town? What happens? Basically, what happened, to expand on that a little bit, there is Curbell, which is who Clark County uses for workers' comp, and they now use what is called a nurse

case manager service. It is called [unintelligible]. That person is the one I communicate with. When I asked them what is next, she said, Well, let me try to figure something out. Through her relationships with doctors and the job she does, she reaches out to somebody and said, Hey, would you be willing to take on this guy's case? The guy said, Well, yeah, okay, I guess. Now I go see that doctor.

Like I said before, patient choice is huge. If you have ever been to a doctor who was not the right fit for you, gave you the minimum amount of time in the room, pushed meds on you, and would not listen to you, it is a very big deal. To be arbitrarily assigned a doctor who is not of your choosing, it is a big deal. When you get there with that doctor, and things do not line up the way you want to, that was your only choice, and now you are in the system. I do not know where it goes after that. That is kind of where I am at right now. What is next?

The law, as it currently states, says it has to be 12. There is nothing after that in the law. This bill will let the law take the next step to say, Hey, there are not 12 on the list; that is what the law says. Go ahead and find any doctor in town you want to see who will also, I might add, see you much quicker under your private insurance. Doctors definitely deprioritize workers' comp patients. That is not a myth. That is a fact. You can take your own insurance, go see any doctor in town because workers' comp DIR did not meet its burden of 12 people on the list like the law says. You get seen quickly, and you get the care the injured worker deserves, and then it is workers' comp's job to then pay back the private insurance.

Chair Marzola:
Yes, the system is definitely broken if you are having to wait that long to see a specialist. Committee members, are there any questions? [There were none.] We will start with support testimony for S.B. 376 (R1). Is there anyone wishing to testify in support?

Jason Lesher, Executive Director, Washoe County Sheriff Deputies Association; and representing Public Safety Alliance of Nevada:
I want to give thanks to Senator Daly, Mr. Beaman, Mr. Mills, and all the stakeholders who worked really hard to get this bill where it is at right now. Our folks get hurt on a constant basis, and we deal with worker' comp so often. I think this bill is going to help give some extra options because most of our guys when they get hurt, they want to get fixed, get back to work, and get moving on.

Todd Ingalsbee, President, Professional Fire Fighters of Nevada:
We, as first responders, myself, firefighters, and police officers, respond to emergency calls every day. We are required to be there by national standard in four to six minutes. We get calls for cardiac problems, respiratory problems, and we are supposed to be there in four to six minutes. We cannot even be seen for six months from a doctor, as you heard in the testimony before. That is unacceptable. Again, I think Mr. Lesher hit it right on the head. Our members want to get back to work and do what they are sworn to do and that is protect our citizens.

Tom Dunn, District Vice President, Professional Fire Fighters of Nevada:
Treatment delayed is treatment denied. We have had members who live in, for example, the Minden and Gardnerville area willing to drive to Winnemucca to see a cardiologist because it was the quickest appointment they could get within 30 to 60 days. In a lot of cases, it is 6 months out, depending on whatever the provider access list is. Once again, our members want a diagnosis, they want treatment, and they want to return to work.

Jason Mills, representing Nevada Justice Association:
We are in support of this bill, and I can attest to you this is an ongoing and regular problem for police officers and firefighters in the heart and lung space in workers' compensation. It is a vastly important bill that is needed.

Rich Harvey, Vice President, Nevada Fire Chiefs Association:
We support S.B. 376 (R1). Unfortunately, occupational lung disease and occupational heart disease occur all too often in the fire service. When these diagnoses occur, prompt access to treatment is imperative and choice in the physician providing the treatment adds confidence and options to the patient, possibly, likely improving outcomes. Nevada Fire Chiefs Association supports S.B. 376 (R1).

Chair Marzola:
Is there anyone else wishing to testify in support? [There was no one.] We will move to testimony in opposition to S.B. 376 (R1). Is there anyone wishing to testify in opposition? [There was no one.] We will move to neutral testimony. Is there anyone wishing to testify in neutral? [There was no one.] Senator Daly, would you like to give any closing remarks?

Senator Daly:
You have an opportunity here in a bill that you do not often get, which is to right some wrongs, and thank you for your consideration.

Ryan Beaman:
I want to say thank you to the Committee for hearing this important piece of legislation and to Senator Daly and also Senator Steinbeck for sponsoring this legislation.

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Chair Marzola:
I will now close the hearing on S.B. 376 (R1). I will now open it up for public comment. Is there anyone wishing to provide public comment? [There was no one.] This will conclude our meeting for today. We will see each other again on Friday. This meeting is adjourned [at 3:57 p.m.].

RESPECTFULLY SUBMITTED:

Julie Axelson
Committee Secretary

APPROVED BY:

Assemblymember Elaine H. Marzola, Chair

DATE: _____

EXHIBITS

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
S.B. 170 (R2)	C	Matt Lujetic, Private Citizen, Reno, Nevada	Letter in support
S.B. 172 (R2)	D	Various individuals	Collection of letters in support
S.B. 172 (R2)	E	Bonnie Little, Private Citizen	Testimony in opposition
S.B. 172 (R2)	F	Linda Dufurrena, Owner, Dufurrena Sheep Company, Winnemucca, Nevada	Email in opposition
S.B. 344 (R1)	G	Mark Machulcz, President, West Region, Quest Diagnostics	Letter in support
S.B. 231 (R1)	H	Liz MacMenamin, Vice President, Government Affairs, Retail Association of Nevada	Proposed amendment
S.B. 231 (R1)	I	Senator Jeff Stone, Senate District No. 20	Informational document